PROJECT MANAGEMENT PLAN

FOR
Project Description/Title as on DD Form 1391
FY ____ DODM PN _____
Installation Name, State/Country

5 November 2003

U.S. Army
Corps of Engineers

and

Air Force Center for Environmental Excellence
Brooks Air Force Base, Texas

and

Health Facilities Office- _____ Region
City, State

and

_____ Command
_____ Air Force Base, State

and

Base Civil Engineer
_____ Air Force Base, State

TABLE OF CONTENTS

8. ATTACHMENTS & REFERENCES

8.1. Project Book
8.2. DD Form 1391
8.3. Design Instructions (DI)
8.4. Project Risk Analysis impacts, remediation, and resolution
8.5. Design Schedule
8.6. Construction Schedule during design and construction updates
8.7. Narrative: Phasing Considerations design dwg/specs
8.8. Project Coordination Chart – flow of communications
8.9. PPDS project status report (Design)
8.10. Construction status report
8.11. Design Charrette Scope of Work (SOW)
8.12. Communications Letter of Intent (LOI)
8.13. Design Instruction and design deliverable requirements
8.14. Operation Maintenance Engineering Enhancement (OMEE) Agreement
8.15. Construction change order proposal form
8.16. Construction Request for Clarification (RFC) Form
8.17. Construction Conflict Report Form
8.18. Construction closeout requirements checklist
8.19. Submittals & Shop drawing Register
8.20. Change Order Process (Graphic) chart

1. EXECUTIVE AGREEMENT

The Project Delivery Team (PDT) members fully support the provisions of this Project Management Plan (PMP). Each team member is dedicated to the successful execution of this project to ensure complete, comprehensive objectives of designing and constructing the project are attained with minimum number of changes, at the least possible cost growth, and within the agreed timeframe. All changes to the PMP will be coordinated with the PDT for concurrence prior to implementation.

1.1. Project Manager

The Corps of Engineers District Project Manager (PM) is the lead PDT member responsible for the overall execution of the project from initiation through the completion of construction, including follow-on post construction services as may also be part of the scope of this project. The PM will select the Corps In-House PDT members and will coordinate with the Military Services to establish the overall PDT for the project.

The PM is responsible for developing and maintaining this PMP, in coordination with the PDT members. The PM will post the approved PMP on the PPDS Webb site, with all supporting project documentation, and will update the documentation as required by the PDT. All project references, as noted in section 8 will be included with the PMP and will also be posted on the Webb site.

1.2. PMP Ratification

This Project Management Plan has been development and fully coordinated with the Project Delivery Team members noted below. The PDT and PMP are integral to the successful completion of the design and construction of this project and the ultimate occupancy by the end-user. The PDT members are fully engaged and committed to work together within the guidelines of the PMP. The PMP is a living document and will be updated at any time as required by the PDT.

(Insert name – signature are not required)
Project Manager
Corps of Engineers
_____ District

(Insert name – signature are not required)
HQ AFCEE/DCM
Project Manager

(Insert name – signature are not required)
HQ USAF/SGMF
Project Coordinator

(Insert name – signature are not required)
_____ Air Force Base, CE
Project Coordinator

(Insert name – signature are not required)
Corps of Engineers
Medical Facilities Center of Expertise
Project Coordinator

(Insert name – signature are not required)
Health Facilities Office-___R
Project Coordinator

(Insert name – signature are not required)
_____, HQ _____ Command
Project Coordinator

2. INTRODUCTION

2.1. PURPOSE OF PROJECT MANAGEMENT PLAN

This Project Management Plan (PMP) establishes the framework necessary for the execution of the design, procurement and construction of this Medical MILCON project.

This PMP outlines the project scope, budget, design and construction resource requirements, and roles & responsibilities of the interfacing agencies. The PMP also outlines the technical performance requirements for the management and control of the project from initiation of design through final delivery to the customer/user. The plan provides performance measurement criteria including major milestones. A project schedule has been developed depicting interrelationships of tasks and activities, milestones and durations. This plan also identifies the commitments of all the project participants.

Providing a quality facility on schedule and within budget is the primary objective of all Project Delivery Team (PDT) members. The operating procedure described in this plan supplements existing regulations for the purpose of establishing more detailed and specific relationships among organizations participating in this project. It is intended that this management plan be a living document subject to change as conditions warrant or as project experience dictates.

2.2. AUTHORITY

The authority for the execution of the project is provided by:

2.2.1. Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA), TriCare Management Activity; Design Authorization 01-C-04, 9 Aug 2001

2.2.2. DD1391 dated June 2000

2.2.3. Headquarters, Corps of Engineers (CEMP-MD) Design Directive No.1, _____

3. PROJECT DESCRIPTION & SCOPE

3.1. PROJECT DESCRIPTION

This project will design and construct a new modern, medical treatment facility in accordance with the authorized scope in the DD Form 1391, the Program for Design, and Concept of Operations. The facility will include (description as provided in DD Form 1391 paragraph 10)

This project will be designed within the criteria prescribed in MIL-HDBK-1191, the Uniform Federal Accessibility Standards/Americans with Disabilities Act Accessibility Guidelines, Antiterrorism/Force Protection requirements and all other applicable codes. Operations and Maintenance manuals and Comprehensive Interior Design (CID) will be provided.

3.2. LOCATION AND SITE CONSTRAINTS

(Include specifics as described in the DD Form 1391 and as expanded upon by the PDT)

4. PROJECT RESOURCE ALLOCATION REQUIREMENTS

4.1. RESOURCE ALLOCATION PLAN

The total Planning and Design (P&D) Budget summary is contained in the Corps of Engineer District budget spreadsheet, copy attached to this PMP. The budget summary includes all P&D costs for the district in-house, A-E, and Value Engineering costs for the complete design effort from the initiation of the project through the construction contact award process. The P&D requirements for the Medical Facilities Center of Expertise is centrally funded and is not included in this budget summary.

4.1.1.Planning & Design (P&D) Funds for Concept and Final Design

4.1.1.1. Architect-Engineer (AE) Firm

The design Architect-Engineer (A-E) firm contract requirements and scope of work are outlined here but are fully detained in the attached Design Instructions. The AE P&D funding requirements are provided in the attached P&D Budget Summary.

4.1.1.1.1. Basic Contract for Concept Design
4.1.1.1.2. Conceptual Design Charrette
4.1.1.1.3. S2 (20%) design submittal and presentation to TMA-DMFO
4.1.1.1.4. S4 (35%) design submittal and presentation to TMA-DMFO
4.1.1.1.5. Contract OPTION for Final Design
4.1.1.1.6. S5 (65%) design submittal
4.1.1.1.7. S6 (95%) design submittal

4.1.1.2. Medical Facilities Center of Expertise

The Corps of Engineers Mandatory Medical Facilities Center of Expertise (CEHNC-MX) is centrally funded by Medical MILCON P&D and is responsible for all technical medical design requirements throughout the design process. They directly responsible for the certification of the concept design, certification, and presentation to TMA-DMFO . They are also responsible to support the Corps of Engineers design District and overall PDT during the final design development. They will work directly with the A-E firm to provide technical clarifications, in coordination with the district. The specific roles and responsibilities of this office are provided in the Corps of Engineers Medical MILCON Execution Policy memo attached.

4.1.1.3. Corps of Engineers District

The Corps of Engineers District P&D funding requirements and summary is provided in the project P&D Budget Summary attached to this PMP. The district is responsible for all in-house effort related to the management, non-medially unique technical reviews, constructability reviews and final BCOE reviews. The P&D funding is provided and authorized up to and including the award of the construction contract. P&D funding is not authorized of activities after construction contract award.

4.1.1.4. Systems Commissioning: All systems commissioning requirements, in preparation of the plans and specifications, are P&D funded and are included in the district P&D budget summary. The P&D funding requirements can be included in the AE contract, a separate consultant service contract, or in-house Corps of Engineers support.

4.1.1.4.1. Systems Commissioning During Design

Larger or more complex medical facilities, typically including those with occupancies designated Healthcare or Ambulatory Health Care, include Mechanical, Plumbing, Electrical, Communications, and Fire Protection/Life Safety systems having critical, often unique, operational characteristics and requirements, including integrated system dependency. Proper field (construction) commissioning of these systems is vital to demonstrate that the systems perform individually and interactively as required. For this reason the design shall develop commissioning requirements to thoroughly define testing procedures and expected results, tester qualifications, and testing

instrumentation and hardware. Proper development of this documentation requires the assistance or oversight of the designer by experts in the commissioning of such systems. In consultation with CEHNC-MX, the district is responsible to determine the best source of commissioning expertise and how to incorporate it into the project design.

All systems commissioning requirements, in preparation of the plans and specifications, are P&D funded and are included in the district P&D budget summary. The P&D funding requirements can be included in the AE contract, a separate consultant service contract, or in-house Corps of Engineers support.

4.1.1.4.2. Systems Commissioning During Construction

Proper commissioning of building systems requires Quality Assurance oversight of the building systems commissioning process by technically qualified persons experienced in the commissioning of similar systems, and reporting directly to the Contracting Officer or his authorized representative. This quality assurance of the construction contractor may be performed by the Corps of Engineers in-house experts, A-E contract consultant support, or other means of oversight to ensure that the complete systems testing and acceptance are in accordance with the contract requirements. The PDT will determine the most beneficial means for completing this effort and the funding source that will be used. The appropriate funding source for this supplemental quality assurance effort is from the S&A account.

4.1.1.5. Post Occupancy Evaluation (POE)

The Corps of Engineers District Post Occupancy Evaluations (POEs), if determined to be required by the PDT or TMA-DMFO, P&D funding requirements are provided from the MILCON P&D program. The estimated P&D funding for the POE is provided in the attached POE budget summary.

4.1.1.6. Other Support Funding

The identification of addition unique project specific P&D funding requirements may be established by the PDT. A summary of those unique requirements, if required, will be included in the P&D Budget Summary.

4.1.2.Construction Support Summary

The resource allocation requirements for the support during construction have been determined by the PDT and are described below for each of the sub-elements with the estimated associated costs and the funding sources summarized and provided in the attached Construction Resource Allocation Table.

4.1.2.1. Architect-Engineer Construction Support

The Architect-Engineer (A-E) construction support services required for the project will consist of the following elements. The costs for these services and the funding sources are summarized in the attached Construction Resource Allocation Table.

4.1.2.1.1. Review construction contractor submittals marked for government approval and as identified by the PDT.

4.1.2.1.2. Provide on-site support to the government to reply to construction contractor Requests for Clarification (RFCs) and Requests for Information (RFIs).

4.1.2.1.3. Provide design services to correct identified design deficiencies and errors and omissions.

4.1.2.1.4. Provide building systems commissioning quality assurance services to supplement the government team.

4.1.2.1.5. Conduct periodic site visits and unscheduled site visits as necessary to provide clarifications to the design intent.

4.1.2.2. Medical Facilities Center of Expertise

The Medical Facilities Center of Expertise (CEHNC-MX) is the Corps of Engineers center of expertise for all medically unique technical issues. Their office will provide technical assistance to the Corps Resident Office for the following services. The costs and the funding sources for this support is contained in the Construction Resource Allocation Table.

4.1.2.2.1. Attend construction quarterly review meetings.
4.1.2.2.2. Conduct planned site visits.
4.1.2.2.3. Conduct as-needed site visits.
4.1.2.2.4. Review construction contractor shop drawing submittals.
4.1.2.2.5. Review A-E medically unique design submittals during construction.
4.1.2.2.6. Conduct medically unique quality assurance site visits.
4.1.2.2.7.

4.1.2.3. Design During Construction (DDC)

Design During Construction (DDC) consists of all services identified by the PDT that are extensions of design. The definition of DDC and the associated services is contained in the Corps of Engineers Policy Letter (_____). The summary of these costs is contained in the Construction Resource Allocation Table.

4.1.2.4. Construction Field Offices

Construction field offices may consist of Resident or Project Offices. The staffing and resource plan is detailed in the Construction Resource Allocation Table, attached. The Corps personnel staffing and resources required will be coordinated with the PDT. A sample Resident Office staffing plan with the S&A resource requirements is attached.

4.1.2.5. Systems Commissioning During Construction

Building systems commission quality assurance of the construction contractor may be performed by the Corps of Engineers in-house experts, A-E contract consultant support, or other means of oversight to ensure that the complete systems testing and acceptance are in accordance with the contract requirements. The PDT will determine the most beneficial means for completing this effort and the funding source that will be used. The appropriate funding source for this supplemental quality assurance effort is from the S&A account.

4.1.2.6. Financial Close-out of Construction Contract

The financial close-out of the construction contract will be in accordance with ER _____. Final financial close-out may be delayed to unresolved contractual issues such as claims submitted by the construction contractor. The PDT will be coordinated with during this process and will participate, as deemed appropriate, to resolve issues to ensure timely financial close-out of the project.

When the facility is construction complete, but the contract has not financially closed out due to a claim, funds may be retained by the Contracting Officer based on a statement that a settlement and obligation are pending. The status of contract close-out will be briefed at each Project Review Board meeting. Once a project has all deficiencies corrected and accepted, the USACE will provide an estimated date for financial contract close-out.

4.1.2.7. Construction Claims

Construction claims that arise between the Government and the construction contractor will be coordinated with the PDT. The claims process and proposed resolution will include the PDT to establish the most efficient financial means for the project. The funding source for the evaluation of submitted claims will be from S&A. Once the PDT has determined that the claim from the contractor will be denied by the Government and pursued by litigation or other legal means then the appropriate funding source is DDC, which is provided out of the project construction contingency funds.

5. PROJECT SCHEDULE

5.1. Design Schedule

The project design schedule will be developed by the PDT at the initial team meeting, in conjunction with the development of the Project Management Plan. The initial project schedule will be drafted by the Medial Facilities Center of Expertise, in conjunction with the Corps of Engineers District and presented to the PDT during the initial team meeting. A sample of the Project Design Schedule is provided in the attachment to this PMP. Considerations in the development of the design project schedule will include the following factors:

5.1.1. Date of initial authorization from TMA
5.1.2. A-E acquisition process
5.1.3. Final concept submittal date to TMA
5.1.4. Number of concept design submittals required
5.1.5. A-E submittal design durations
5.1.6. Government review period durations

5.2. Construction Schedule

The construction schedule will be developed during the design development. The initial construction schedule will be established during the concept design to establish the total duration and mid-point of construction that will be used for the construction escalation calculations for the final concept cost estimate that is submitted to TMA-DMFO. This is used to establish the project budget (Program Amount) on the DD Form 1391 that will be submitted to Congress. The construction schedule will be refined by the designer during the final design development to establish all essential time lines and phasing requirements. The PDT will review the schedule to ensure appropriate durations have been included for all aspects of the construction, to include the following considerations:

5.2.1. Type of construction schedule (CPM, NAS, etc)

5.2.2. Customer transition between phases

5.2.3. Construction contract completion duration

5.2.4. Beneficial occupancy date

5.2.5. Physical completion (all punch list items completed)

5.3. Phasing/Demolition Considerations

Alteration and renovation projects that consist of construction phasing requirements shall be fully coordinated with the PDT during all design submittals and construction schedule approvals. The phasing requirements directly impact the construction duration and overall project costs and therefore must be

well established as part of the concept design. A separate review meeting may be appropriate and should be considered by the PDT, as part of the final concept design submittal.

6. PROJECT DELIVERY TEAM

The Project Delivery Team (PDT) is essential to the successful execution of the overall project goals and objectives. The PDT is established at the very onset of the initial project authorization and develops the strategy for the design and construction processes and resource requirements.

6.1. PMP Development – Design & Construction Partnering

Advance authorization will be provided to the Corps of Engineers District (district), prior to authority to proceed with the A-E acquisition process, to initiate the PMP development and establish the PDT. The Project Management Plan (PMP) will be developed during the initial meeting of the PDT members, prior to the start of the design process. The purpose of this initial meeting is to establish/emphasize the roles and responsibilities of the team members and the processes to be used throughout the project execution. The district will host the initial meeting and will provide the team members a draft PMP prior to the meeting, with all available project documentation.

6.1.1. Design Partnering: A design partnering session will be held, if determined appropriate by the PDT, upon receipt of the A-E acquisition design authority (Code 1 specific). The partnering session will be hosted by the district and include all PDT members and the selected design A-E. The project scope, design requirements, and schedule will be provided to the A-E by the PDT and all aspects of the project reviewed. The A-E as a member of the PDT will be included in all decisions affecting the scope and cost of the project. The goals/objectives established as part of the PMP will be included as part of the charter for the design partnering session.

6.1.2. Construction Partnering: A construction partnering session will be hosted by the district with the selected construction contractor after award of the contract but prior to Notice to Proceed (NTP). The PDT, including the designer, will participate and develop the charter for the successful execution of a quality project on time and within budget. The construction contractor as the newest member of the PDT is essential to the successful project completion. The objective of the partnering session is to establish clear lines of communication and authority for the PDT. Methods for resolving conflicts and timelines for providing decisions and clarifications to the contractor will be established. A schedule for follow-on partnering sessions will also be established and a means for the PDT to evaluate the team effectiveness during the construction.

6.2. Project Delivery Team (PDT) Roles & Responsibilities

The PDT roles and responsibilities will establish a clear understanding and agreement on the technical and functional office that is the principle responsible during design and construction. The primary areas of responsibility are as noted below with the specific descriptions provided for each office PDT member.

6.2.1. The Assistant Secretary of Defense for Health Affairs (OASD-HA)

OASD-HA is responsible for the Military Construction (MILCON) Program. The TRICARE Management Activity, Defense Medical Facilities Office (TMA-DMFO) approves the Concept Design development, reviews the completed design documents for compliance with the approved Concept Design, and authorizes the project for construction and disburses funds to the DOD designated design and construction agent, U.S. Army Corps of Engineers (CEMP-MD). TMA-DMFO is the formal interface with Congress regarding this project. TMA-DMFO will review and approve the project design . Design and construction funds will be provided by CEMP-MD.

6.2.2. Corps of Engineers

6.2.2.1. Headquarters, CEMP-MD. CEMP-MD is the Corps Headquarters Program Management Office for design and construction of medical facilities. CEMP-MD provides funding, project management and guidance for the medical program assigned to USACE. Prior to issuance of any directives or funds, CEMP-MD will review and validate the requests and coordinate funding actions. CEMP-MD is the USACE point-of-contact (POC) with the Assistant Secretary of Defense for Health Affairs (OASD/HA) for project issues. CEMP-MD is responsible for all coordination with TMA-DMFO including: project scope issues, authority to advertise and award construction, change order review and approval (where change orders required TMA-DMFO approval), and execution reporting. CEMP-MD will issue the appropriate design and construction directives and will allocate all project funds.

6.2.2.2. Medical Facilities Center of Expertise (CEHNC-MX). CEHNC-MX is the Corps of Engineers Medical Facilities Center of Expertise for providing design and technical guidance for this project through the CE(district). CEHNC-MX is the proponent for all medical technical criteria, policies, and procedures. CEHNC-MX will coordinate the design development, i.e., work directly with the A-E, conduct technical reviews and presentations to TMA-DMFO and assist CE(district) on matters within the scope of the A-E contract. In addition, CEHNC-MX will provide post-design support for CE(district).

6.2.2.3. (_____) Division. (_____Division (CE___)): CE___ is the divisional representative of USACE and has responsibility for management overview of the design, procurement and construction activities of the New York District. CENAD may participate in design, procurement and construction oversight meetings.

6.2.2.4. (_____) District – CE(district). The district is the responsible, designated design, procurement and field level construction agent for this project. The CE(district) Project Manager will manage the overall development of the design and construction effort. The district will manage the program parameters—scope, cost, budget, schedule, and definition of quality. The district will prepare the official construction contract documents, and will advertise the project. The district will request and receive construction funds from CEMP-MD to award the contract to the successful offeror.

6.2.2.4.1. Project Manager (PM) The PM has overall responsibility within the district for project management, schedule and cost compliance. The Project Manager represents the District Commander and participates in the construction oversight meetings. Prepares the agenda, coordinates time, location and distributes minutes. Briefs the monthly Project Review Board meetings on construction status, changes, and problem areas regarding the project. Controls project funds within the district and, in conjunction with Engineering and Construction Division, requests additional funds as required for changes. Coordinates all necessary higher-level approvals for changes as requested by the Resident Engineer, or the Air Force. Transmits all approved Air Force requested changes to the Resident Engineer and coordinates design responsibilities for these changes.

6.2.2.4.2. Construction Division**:** Provides contract administration, quality assurance and engineering support to the RE/AE office as required. Provides the resources to monitor the work and apply enforcement tools where necessary to assure that the contractor is accomplishing construction in accordance with the plans and specifications.

6.2.2.4.3. Area Engineer/Resident Engineer (AE/RE): The AE/RE is the district Commander's Authorized Representative and the Administrative Contracting Officer. During construction, the Resident Engineer will be located at the construction site and will be responsible for the actual management of the day-to-day construction, contract administration and contract management of the project. The Resident Engineer shall identify cost and time growths, identify contract modifications, oversee the construction to assure quality assurance, provide construction updates to the local BCE, Medical group and MAJCOM upon request, provide periodic updates and financial status to the Project Manager and will prepare the Project Closeout and Real Property Transfer documentation (DD Forms 1354) The detailed listing of the AE/RE responsibilities is attached to this PMP.

6.2.3.Air Force: The Air Force will be the primary user of this new facility and will be responsible for operation and maintenance of the facility upon construction completion.

6.2.3.1. HQ Air Force Medical Support Agency/Health Facilities Division (HQ AFMSA/SGMF) is the Air Force Surgeon General's program manager responsible for acquisition of Air Force medical facilities and is the Air Force approval authority for medical functional issues. The Health Facilities Division is the official user of the facility until the Air Force accepts the completed project.

6.2.3.2.

Click here for example Air Force Roles and Responsibilities – included as hyperlink bookmark at the end of this document)

Click here for example Army (HFPA) Roles and Responsibilities – included as hyperlink bookmark at the end of this document)

6.2.3.3.

6.2.4.Contractors:

6.2.4.1. Architect-Engineer: The A-E is responsible for the development of the project design. The A-E will provide design and construction requirements within scope, on schedule and within cost. The A-E's activities will be directed only by the district Contracting Officer and his designated representatives. The Contracting Officer's Representatives (CORs) will enforce and administer the existing contract. All changes to the A-E's contract will be directed by the district Contracting Officer.

6.2.4.2. Construction Contractor: The firm awarded the construction contract is responsible for providing a quality construction product in accordance with the approved contract documents. The district CORs will enforce and administer the construction contract. All changes to the contract will be directed by the district Contracting Officer or ACO, for actions within his authority.

6.3. Corporate Group Roles & Responsibilities

6.3.1.A corporate group consisting of members of CEMP-MD, HQ AFCEE/DCM, HQ HFO-(___), AFMSA/SGMF, CE(Division), and CE(district will provide program and project oversight during design and construction. The corporate group, or their designated representatives, will provide program coordination; resolve conflicts; and approve, direct, or request changes where necessary to execute the project on schedule and within scope and cost limitations.

6.3.2.The Corporate Group will meet or conduct conference calls as needed to evaluate proposed changes. HQ AFCEE/DCM or HQ AFMSA/SGMF representative will be responsible for presenting the proposed changes. CE(district) will make recommendations to the Corporate Group based upon their review for technical, schedule, cost, scope and contract impact. The Corporate Group will decide on a course of action based upon the presentations. The Corporate Group will conference by telephone to facilitate time critical issues/actions.

6.3.3.Discretionary/non-mandatory changes in excess of $5,000 and less than $100,000 will be submitted to the Corporate Group for approval. During Corporate Group meetings the Division Project Manager may represent CEMP-MD for approval of discretionary/non-mandatory change requests estimated between $5,000 and $20,000. (District approval limitation is $0 - $5,000, Division approval limitation is $5,000 to $20,000, HQUSACE (CEMP-MD) & AFCEE/DCM approval $20,000 - $100,000) All change requests in excess of $100,000 must be coordinated by the Corporate Group (HQUSACE (CEMP-MD) & AFCEE/DCM) and forwarded to TMA-DMFO via HQUSACE (CEMP-MD) for approval.

6.4. Contractual Design and Construction Authority

The district has the contractual design and construction authority for the Government. The district Contracting Officer or the authorized Contracting Officer's Representative (COR) are the only individuals authorized to direct changes to the design or construction contracts. Changes that the PDT determines should be made to the contracts must be directed to the design/construction contractors through the district Contracting Officer. The PDT must be careful not provide any direction or clarifications to the contractors without going through the district.

6.5. Points of Contact (PDT) Information

The Project Delivery Team (PDT) member organizations will provide the key point of contact (POC) for coordination of project issues. The key POCs will identified on the PDT member listing as those individuals responsible for coordinating internal to their organization as required actions and project information that affects the design and construction development/management. The PDT member listing, contained in the attachment to this PMP will highlight the key POCs by using a bold and underlined type for the individual's name with the words "key member" in parenthesis next to their name.

7. PROJECT MANAGEMENT AND STATUS REPORTING

The district Project Manager is responsible for managing the overall project and coordinating all project issues and actions with the PDT. The PM will ensure that accurate project status reports are maintained and provided to the PDT members in a timely manner. Project issues will be coordinated by various means including Automated Information Systems (AIS) used by the Corps of Engineers such as the Construction Resident Management System (RMS), the Program and Project Delivery System (PPDS), and the Corps of Engineers Financial Management System.

7.1. Status Reports and Meetings for Design and Construction

The district Project Manager will establish uniform and consistent project reporting processes with the PDT and upper Corps of Engineers Management. The PM and PDT shall establish specific project reporting requirements during the initial PDT meeting and shall incorporate those requirements into the PMP. Copies of the status reports shall be attached to the PMP and included on the project specific PPDS Internet site.

Construction oversight meetings will be conducted as expansions of the monthly/weekly project coordination meetings. These meetings will be held on a quarterly or as needed basis. The construction oversight meetings will be chaired by the AE/RE and may be held at the project site or by tele-conference calls and may also be attended by the corporate group representatives, Air Force, and Corps Division representatives in addition to normal attendees of the monthly project coordination meetings. The expanded agenda will address and resolve any outstanding project scope, cost, schedule, and pending change issues including deferred non-mandatory changes.

7.1.1. PPDS

The Corps of Engineers has established an Internet based uniform project status reporting system called the Program and Project Delivery System (PPDS). The PPDS shall be used by the PM to report the current status of the project to the PDT. The project specific documentation shall be attached to the PPDS project site, to include the PMP, the DD Form 1391, the medial project Program for Design (PFD), the Project Schedule, the A-E Design Instructions, the other documentation deemed necessary by the PDT.

7.1.2. Current Working Estimates (CWE) based on design level or construction

The Current Working Estimate (CWE) shall be developed by the A-E and validated by the district for each stage of the project design. The district shall update the project CWE during construction and shall post the current costs on the PPDS project site. The standard CWE spreadsheet for the Medical MILCON program and this project is provided as part of this PMP, see attached CWE spreadsheet.

7.1.3. TMA Quarterly Execution Report

The TriCare Management Activity – Defense Medical Facilities Office (TMA-DMFO) requires the Headquarters, Corps of Engineers (CEMP-MD) to report the status of all projects under design and construction. A sample of the TMA-DMFO Quarterly Execution Report that is utilized to report to their office is included in the PMP. The PM is required to maintain the current status updates on the PPDS project Internet site. Data fields that may not be included in the PPDS reports will have to be entered in the issues block.

7.1.4. Construction Status Report

The PM will utilize the standardized construction status reports for all construction status meetings. A copy of a sample of the Construction Status Report format and content is included with this PMP. The construction data required for the report is obtained from existing resources such as RMS, CEFMS, etc.

Construction coordination meetings between the AE/RE and the contractor will be held on a weekly basis to discuss the current status of work, planned work and necessary coordination for the following week, status of contractor requests for information, status of contractor's submittal and government review, compliance with Quality Control, Safety, and Environmental Protection Plans, etc.

Project coordination meetings will be held, by teleconference, on a monthly basis or as deemed necessary. These meetings are simply expansions of the weekly meetings conducted and chaired by the AE/RE in conjunction with the PM. Prior to the meeting, the PM will coordinate with all parties to determine current issues and develop an agenda if necessary. The meeting participants will include representatives of Air Force team, the local Medical Group, district construction offices, district engineering offices, the Air Force PHFO (if there is one), and others as deemed appropriate. Minutes of the coordination meetings will be prepared by the PM and distributed to participants and other appropriate agencies. Minutes will reflect all decisions made that constitute a basis for appropriate action and those items requiring action or decision before the next meeting. The minutes will identify the party having action responsibility on unresolved matters.

7.1.5. Claims

The AE/RE or CENAN-PM will immediately inform HQ AFCEE/DCM of all contractor (or designer) pending claims.

Upon determination, by the Contracting Officer, that a contractor's claim, in whole or in part, has merit, the district will prepare a letter with the agreed amount and forward it with rationale for merit to HQ AFCEE/DCM and CEMP-MD for funding guidance. Standard procedures for estimating and negotiating will be followed to assure timely execution of a completed contract modification to resolve the claim. The Contracting Officer has ultimate authority to adjust any claims.

7.2. Project Initiation and References

The district PM will initiate the initial Project Delivery Team meeting after receipt of Design Directive No. 1 from CEMP-MD. The PM will coordinate with the Medical Facilities Design Office (CEHNC-MX) to ensure that all involved offices participate in this government kick-off meeting. The district PM shall host the meeting at a central location, agreeable to all team members, possibly at the project site.

7.2.1. Project Book and DD Form 1391

The Project Book is prepared by the Military Service representative (Air Force) in the development of the project documentation to support the project DD Form 1391 which is the basis for the approved scope and dollars authorized for the design and eventual construction. A copy of the Project Book should be provided by the Air Force during, or before, the initial Government Team kick-off meeting.

7.2.2. Acquisition Strategy for Design and Construction

The PDT will establish the acquisition strategy for the design and construction during the initial Government kick-off meeting. Consideration will be given to the urgency of the design schedule whether to utilize an AE IDIQ contract or to advertise full and open. Availability of existing AE IDIQ contracts with other Corps District offices will also be considered. The construction acquisition strategy will also be addressed and an initial determination established by the PDT, which may be revisited during later stages of the design.

7.2.3. Government PDT Project Initiation Meeting

The Corps of Engineers Project Manager will coordinate with the PDT members for the initial Government PDT Project initiation meeting as soon as the first Design Directive is received. The purpose of this meeting is to formally establish the PDT membership and address the following items:

a) Jointly develop the Project Management Plan

b) Establish the total project (design and construction) resource allocation requirements

c) Develop the Project Schedule

d) Review all available project documentation

e) Review the AE design instructions and requirements

7.3. Design

The design will utilize current industry standards while complying with Department of Defense criteria and Military Installation's architectural compatibility standards. All PDT members will have the opportunity to formally review and comment on the design submissions to insure that their specific requirements are incorporated into the design. The district will host the technical reviews of the design submittals in conjunction with the Medical Facilities Center of Expertise. Additionally, the district, will perform reviews for Biddability, Constructability, Operability, and Environment (BCOE) of the project, thereby minimizing the potential for delays during construction

7.3.1. PDT/AE Prenegotiation Conference

7.3.2. Concept and Final Design Submittals and Review Conferences

The PDT will consider utilizing an initial design charrette with the AE to determine the best scheme for further development and to confirm the scope of the project. The design charrette documents will be further developed to meet the S2 (20%) requirements and presented to TMA-DMFO for approval of the project scope. Review comments provided by TMA-DMFO will be incorporated into the final Concept Design S4 (35%) development and also presented to TMA-DMFO for final approval of the scope and cost of the project. The Medical Facilities Center of Expertise is responsible for the scope/scope and certification to TMA-DMFO for the S2 and S4 design submittals.

The final design (AE Contract Option) will be developed in accordance with the TMA-DMFO approved Concept Design and will incorporate any TMA-DMFO review comments provided as a result of the S4 design presentation to that office. The Corps District is responsible for the technical review of the project in conjunction with the Medical Facilities Center of Expertise and the PDT, for compliance with the approved scope and cost (DD Form 1391) submitted to Congress. The final design submittal requirements will be established by the PDT but will consist of the S5 (65%) and S6 (95%) design submittals as a minimum unless otherwise directed by the PDT. The final design submittals will each include a technical review conference with the PDT members and the AE to coordinate all review comments and provide direction to the AE. Upon completion of the design effort the Corps District office

will provide certification to CEMP-MD that the design has been completed and will provide the Government Current Working Estimate in conjunction with their request to advertise the project for construction.

7.3.3. Technical Review Plan

CEHNC-MX is responsible for review of medically-specific design features, with special attention to compliance with Military Handbook 1191. The district is responsible for review of non-medically specific features of the design in each project design submission, by technical personnel qualified in the individual disciplines. Those areas of the design requiring particular district attention are overall design criteria and engineering practices guidelines, district or installation - specific criteria and requirements, and unique regional design requirements necessitated by climate, soil characteristics, availability of materials, environmental and permitting considerations, etc.

7.3.4. Design and Construction Deliverable Requirements

7.3.5. Communications Letter of Intent (LOI)

7.3.6. Shop Drawing Review Register

The contractor will prepare a Contractor Submittal Register, identifying the required submittals. The contractor is responsible for the forwarding of the submittals to the Government reviewers, the adequacy and the accuracy of all submittals required by the contract documents. The details of particular submittals will be further discussed at future contractor-Government meetings during construction. All submittals will be reviewed in a timely fashion with approvals and/or comments being sent to the AE/RE. HQ AFCEE/DCM shall coordinate submittal reviews by Air Force agencies.

The AE/RE will relay all submittal approvals to the contractor in accordance with the provisions of the construction contract.

7.3.7. Biddability, Constructability, Operability, Environment (BCOE) Reviews

7.4. Construction

The concept of partnering will be used for the construction of this project. Partnering creates an environment that nurtures cooperative team-building that is in pursuit of common goals and objectives. This is an approach to conducting business that focuses on making the goals of the user, contractor, designer, and supplier better understood and easier to manage. The Corps of Engineers is committed to foster this process in an effort to move toward strategic alliances. This concept emphasizes greater use of structured agreements among organizations to cooperate in an unusually high degree to achieve their separate but complementary objectives. The continuing benefits are long-term commitments between two or more organizations for the purpose of achieving specific business objectives by maximizing the effectiveness of each partner's resources.

After construction award only the CENAN Contracting Officer and the RE/AE as Administrative Contracting Officer have the authority to direct the contractor's operations under the terms of the contract or to change the terms of the contract. Other individuals involved in management or oversight of this contract must be extremely careful not to make any statements to the contractor that could be construed as directing changes to the contract requirements. Any questions raised by other individuals concerning the contractor's schedule, method of operations, quality of workmanship, or potential changes to the contract will be referred to the RE/AE staff.

7.4.1. Change Order Protocol

Mandatory Field Change**:** Mandatory changes are changes that must be made to allow the construction to proceed in a normal manner or to provide a fully functional facility. Mandatory changes may be generated as a result of differing site conditions, errors or omissions in the plans and specifications, or directed changes in applicable engineering or medical criteria.

Implementation of Mandatory Changes: Mandatory changes will receive top priority for implementation. Approval authority for these changes rests with the AE/RE, except that changes over $100,000 must be coordinated with TMA-DMFO through CEMP-MD. Mandatory changes are normally funded from project contingency funds held at the district. The AE/RE will monitor contingency funds usage and estimated requirements and will notify the PM of any anticipated requirements in excess of the allocated amount.

Management of Contingency Funds. Funds equal to 5% of the Estimated Construction Cost (ECC) at award will be reserved for contingencies. Contingency funds will be distributed as follows:

- 2% to CENAN to fund mandatory and non-mandatory contract changes.

- 3% is reserved at HQ USACE as management reserve.

These funds may be used for mandatory or non-mandatory changes. The PM and RE/AE will be consulted prior to the transfer of these funds to another project so as to prevent shortfall of funds for changes currently in preliminary stages. The Corporate Group will approve the use of these funds.

Change Order Tracking: The RE/AE will use the existing district system of initiating changes. A Request For Approval (RFA) of contract modifications of overruns will be initiated by the RE/AE or PM. The RFA is transmitted electronically to various offices within the district and is used to reserve funds (if required) and to obtain necessary technical and administrative approvals. RFAs for mandatory changes will be initiated as soon as the AE/RE or PM becomes aware that a change is, or may be, required. RFAs for Air Force requested non-mandatory changes would be initiated after the Air Force administrative approval process is completed. The AE/RE will maintain a list of all RFAs and corresponding contract changes and will provide status reports at the construction oversight meetings. Electronic copies of RFAs and completed contract changes will be forwarded to the PHFO, HQ AFCEE/DCM, and to the PM.

Non-Mandatory or User Requested Changes: Non-mandatory changes are generated by changes in medical operating procedures, equipment, or capabilities; or are to improve the maintainability or functional characteristics of the facility. These are generally changes to the construction contract initiated by the Air Force. Such changes after award of the construction contract are normally very expensive, may delay completion of the project and should be held to a minimum. Non-mandatory changes may provide benefit to the Government, but are still optional in nature, i.e., failure to implement these changes will not prevent the completion of a fully functional facility.

Implementation of Non-Mandatory Changes: Non-mandatory changes will be managed to avoid exhausting available contingency funds on non-mandatory changes prior to identification and resolution of all mandatory changes and so that implementation of non-mandatory changes does not cause unacceptable schedule or cost impacts to the contract.

Non-mandatory changes may be deferred for future consideration if funds are still available following completion of the basic contract work and all mandatory changes. Deferred changes, if implemented, may be competitively bid in a separate follow-on contract at the end of the main contract. Non-mandatory changes may be implemented during the basic contract work if they cannot reasonably be deferred due to the nature of the work or if earlier implementation is in the best interest of the

Government. The AE/RE and HQ AFCEE/DCM will maintain a priority list of deferred non-mandatory changes with preliminary cost estimate(s).

All requests for non-mandatory changes from Air Force agencies will be processed through the HQ AFCEE/DCM. When requested, the district will provide a preliminary cost and impact estimate for proposed non-mandatory changes.

The district will review the proposed change to identify project scope, criteria, schedule, and cost impacts. If the review determines that the change is out of project or contract scope, exceeds available funds or that the change should be deferred, HQ AFCEE/DCM may submit the change request for consideration by the Corporate Group.

The PHFO (if any) and Base BCE shall forward all Air Force non-mandatory change requests to HQ AFCEE/DCM for action. The HQ AFCEE/DCM may forward these requests to the PM. The PM will coordinate review of the proposed change with other CENAN elements to identify project scope, criteria, schedule, and cost impacts and to determine whether or not the change can reasonably be deferred for later implementation. The PM will forward non-mandatory changes, which exceed HQ AFCEE/DCM authority, to the Corporate Group with recommendation for action.

7.4.2. Construction Shop Drawing Review Plan

7.4.3. Construction Quality Assurance Management

Obtaining quality construction will be the responsibility of the Construction Division AE/RE. The goal will be quality construction conforming to the contract requirements. A cooperative and professional working relationship will be established between the construction contractor and AE/RE to achieve this goal. The construction contractor will be required to establish and maintain an effective quality control system. The quality control system will consist of plans, procedures and organization necessary to provide materials, equipment, workmanship, construction and operations, which will comply with the contract requirements. The systems will cover construction operations both on-site and off-site, and will be keyed to the proposed construction sequence.

The district will assure a quality project through its quality assurance program. The process will start well before construction and will include reviews of the plans and specifications for Biddability and Constructability, plan-in-hand site reviews, coordination with Air Force Installation, establishment of performance periods and quality control requirements, field office planning, preparation of Quality Assurance plans, reviews of quality control plans, enforcement of contract clauses and acceptance of completed construction.

7.4.4. Construction On-Site Support Offices

7.4.5. Construction Safety Requirements

The objective of the district is to complete the project with no lost time accidents. The Corps of Engineers Construction Safety Manual, EM 385-1-1, will be the primary safety regulation for this project, applicable to contractor and Government personnel. Other Federal, State, and installation safety requirements may also apply to contractor and Government personnel. The contractor will submit a specific construction safety plan for review and approval by the AE/RE, the AE/RE may establish additional safety related requirements as deemed appropriate.

The AE/RE will ensure that the construction contractor will be responsible to maintain control over the project site until the facility is transferred to the Air Force by DD Form 1354, Transfer and Acquisition of Military Real Property.

Site control includes site access, safety, cleanliness and security.

The AE/RE will coordinate with the BCE before addressing security measures with the contractor. The contractor will control access to any construction site and maintain security.

7.4.6. Commissioning Quality Assurance (QA) & Systems Testing

All testing, requiring Air Force participation, will be identified by CEHNC-MX, and Air Force during the design development. These requirements will be confirmed during the final design stage.

Any involved Corps or Air Force agency may participate in facility acceptance inspections and system verification tests (i.e., HVAC tests, pressure tests, etc.)

7.4.7. Construction Project Closeout

7.4.8. Completion and Facility Turnover Plan

Inspections: Prior to final acceptance of the facility, pre-final inspections will be conducted on an area-by-area basis or on a functional basis. The purpose of these inspections is to insure turnover of a complete, functional, and maintainable facility constructed fully in accordance with the contract specifications and drawings as identified in the contract drawings. Inspection teams may include representatives from the AE/RE office, PM, HQ AFCEE/DCM, HFO, BCE, the local Medical Group representatives, and others as appropriate. The contractor will correct major construction deficiencies identified during these inspections before a final inspection is scheduled. Deficiencies, which prevent the Air Force from providing safe and appropriate health care, are considered major.

A final inspection with the above listed participants will be conducted when the AE/RE determines that the major deficiencies have been corrected. Upon acceptance, the Air Force will assume responsibility for the operation and maintenance of the facility.

7.4.8.1. Pre-Final/Final Inspections

7.4.8.2. DD Form 1354 (real property transfer)

DD Form 1354, Transfer and Acceptance of Real Property, will be provided at Air Force acceptance of the facility.

7.4.9. Beneficial Occupancy Date (BOD)

7.4.10. Construction physical completion

7.4.11. Contract completion

7.5. Post Construction

7.5.1. Warranty protocol 4 and 9 month inspections

Continued management will be required after the project turnover to insure prompt corrective action is taken on any identified warranty items and outstanding deficiencies.

At four (4) and nine (9) months after transfer, the AE/RE will conduct joint inspections with the contractor, BCE and any other Air Force representatives to identify defects and plan corrective actions. The AE/RE will contact the BCE prior to these inspections for a list of warranty calls and potential latent defects in the facility. These items will be reviewed by the AE/RE for possible follow-up action.

The AE/RE will maintain a status listing of any deficiencies outstanding at the time of turnover. The RE/AE will coordinate closely with the contractor to insure prompt correction of deficiencies. Prior to the Beneficial Occupancy Date (BOD), the RE/AE will conduct a pre-warranty conference with the contractor and with the BCE representative in attendance.

The BCE will have the responsibility of administering the warranty program throughout the contractually specified warranty period.

The BCE will initiate all warranty calls from those Air Force representatives identified in the pre-warranty conference. The AE/RE will assist in resolving warranty items in the event the BCE is unable to get the contractor to respond in an expeditious manner.

The BCE Warranty Officer, upon notification of a possible warranty requirement, will do an initial evaluation to insure that the problem has not been caused by accidental damage during hospital operations, vandalism, lack of required preventative maintenance, etc. The contractor has the right to claim costs incurred on work outside of the contract warranty provisions. The BCE Warranty Officer will then contact the contractor for corrective action.

The BCE will maintain a log of all warranty requests received and actions taken or pending and will inform the initiators of such status on a weekly basis.

In addition to warranty work and correction of any outstanding deficiencies, there may be a requirement for additional work to be done on a shared occupancy basis between the Air Force and the contractor, i.e. some deferred non-mandatory changes may be accomplished by a separate contract following the basic construction contract. Such changes would be accomplished only if adequate funds remained in the project authorization.

7.5.2.Post Occupancy Evaluations (POEs)

7.5.3.Construction Deliverables for Turn-over

The AE/RE is responsible for insuring that the following documentation is available at the facility turnover:

(a) Construction waste characterization and disposal data
(b) Medical gas certification
(c) HVAC balancing reports
(d) Fire protection system test reports
(e) grounding system test reports
(f) operating and maintenance manuals
(g) preliminary as-built drawings
(h) installed equipment listing
(i) spare parts
(j) preliminary DD Form 1354
(k) warranty procedures and contact points
(l) All items will be hand receipted to the BCE.

The AE/RE is responsible for coordinating required contractor provided training with the BCE. At least 10 working days notice will be given of all required training. The BCE is responsible for insuring that the correct individuals attend the training sessions. Concurrent notification will be given to the local Medical Group.

7.5.3.1. Construction As-Built Drawings

Completed as-built drawings, one blue line copy and the entire electronic drawing file set on CD ROM will be provided within 120 days of turnover. The AE/RE will ensure that the contractor prepares the completed as-built drawings both, red-line and on CADD. The as-builts will be delivered to the BCE directly with a copy of the transmittal letter to the CENAN PM, as soon as possible, after acceptance of the facility.

7.5.3.2. Functional Concept Manuals (FCMs)

7.5.3.3. Systems Operating Maintenance Manuals (SOMMS)

7.5.3.4. Operations and Maintenance (O&M) manuals

PROJECT SCHEDULE

	Original Completion Dates		Days	Cal Days	Current Completion Dates	
Design Authority (code 7)	10-Aug-01		FRI	0	10-Aug-01	A
Request for Proposal (Charette)	13-Aug-01		MON	3	13-Aug-01	A
A-E Submits Proposal for S2 (20% Design)	27-Aug-01		MON	14	27-Aug-01	A
Negotiations Completed	04-Sep-01		TUE	8	04-Sep-01	A
Request Funds for S2 (20% Design)	04-Sep-01		TUE	0	04-Sep-01	A
Recieve Funds for S2 (20% Design)	07-Sep-01		FRI	3	07-Sep-01	A
Task Order Award/NTP (w/code 2)	13-Sep-01		THU	6	13-Sep-01	A
Fact-Finding Session Start	18-Sep-01		TUE	5	18-Sep-01	A @ Thule Air Base
Fact-Finding Session End	24-Sep-01		MON	6	24-Sep-01	A
Charette Report Start	26-Sep-01		WED	2	26-Sep-01	A
Charette Report Due	08-Oct-01		MON	12	08-Oct-01	A
TMA-DMFO Presentation	11-Oct-01		THU	3	11-Oct-01	A
VE Study (Waiver Request) *	11-Oct-01		THU	0	11-Oct-01	A
Request for Proposal (RFP Prep)	11-Oct-01		WED	27	07-Nov-01	A
A-E Submits Proposal (RFP Prep)	25-Oct-01		THU	22	29-Nov-01	A
Request DCAA Audit Waiver	25-Oct-01			0	N/A	
DCAA Audit Waiver Approved	25-Oct-01			0	N/A	
D&F Approval for Large Task Order	01-Nov-01			0	N/A	
Negotiations Completed	05-Nov-01		TUE	19	18-Dec-01	A
Request Funds for RFP Prep	06-Nov-01		TUE	0	18-Dec-01	A
Receive Funds for RFP Prep	12-Nov-01		WED	1	19-Dec-01	A
Contract Award/NTP	19-Nov-01		WED	14	02-Jan-02	**A CHRISTMAS HOLIDAYS!!!**
DRAFT RFP Submittal Due	03-Jan-02		MON	33	04-Feb-02	A
NAN Request Authority to Advertise	03-Jan-02		MON	0	04-Feb-02	A
Review Comments Due	03-Jan-02		FRI	18	15-Feb-02	A
Review Conf. Start	08-Jan-02		WED	5	20-Feb-02	@ Winter Park, FL
Review Conf. End	09-Jan-02		THU	1	21-Feb-02	A
Start FINAL RFP Submittal	10-Jan-02		FRI	1	01-Mar-02	
Receive FINAL RFP Submittal	30-Jan-02		FRI	28	29-Mar-02	
Review Comments Due	13-Feb-02		FRI	14	12-Apr-02	
Review Conf. Start	19-Feb-02		TUE	4	16-Apr-02	
Review Conf. End	20-Feb-02		WED	1	17-Apr-02	
TMA-DMFO Presentation	21-Feb-02		THU	1	18-Apr-02	@ Washington, DC
NAN Request Authority to Advertise	21-Feb-02		FRI	1	19-Apr-02	
TMA-DMFO Approval/Auth. To Adv.	25-Mar-02		FRI	14	03-May-02	
HQUSACE Authority to Advertise	29-Mar-02		TUE	4	07-May-02	

	Original Completion Dates		Days	Cal Days	Current Completion Dates	
NAN Form 890 Approved	05-Apr-02		TUE	0	07-May-02	
Issue Advance Notice in CBD	10-Apr-02		TUE	7	14-May-02	
RFP Front End Preparation (Start)	10-Apr-02		TUE	0	14-May-02	
RFP Front End Preparation Complete	22-Apr-02		TUE	7	21-May-02	
Reproduction Start	22-Apr-02		TUE	0	21-May-02	
Reproduction complete	06-May-02		TUE	7	28-May-02	
Advertise	10-May-02		FRI	3	31-May-02	
Receive Proposals	09-Jul-02		MON	45	15-Jul-02	
Start Evaluation of Proposals	30-Jul-02		TUE	8	23-Jul-02	Eval. @ New York
Complete Proposal Evaluations	01-Aug-02		FRI	4	26-Jul-02	
Discussions/Amendments	08-Aug-02		WED	12	07-Aug-02	
Write-Ups/recommendations	22-Aug-02		FRI	2	09-Aug-02	
Request Best & Final Offers			MON	5	12-Aug-02	
Receive BAFOs			THU	3	15-Aug-02	
Source Selection Approval by KO			TUE	5	22-Aug-02	
Construction Contract Award			FRI	14	**30-Aug-02**	
Pre-Work Conference	29-Aug-02		THU	14	05-Sep-02	
Design/Build NTP	02-Sep-02		MON	4	09-Sep-02	
S5 (65%) Design Submittal Rec'd	01-Nov-02		THU	45	24-Oct-02	
Review Cmts Due	29-Nov-02		FRI	22	15-Nov-02	
Review Conf. Start	04-Dec-02		TUE	4	19-Nov-02	
Review Conf. End	06-Dec-02		THU	2	21-Nov-02	
S6 (100%) Design Submittal Rec'd	04-Feb-03		MON	46	06-Jan-03	
Review Cmts Due	06-Mar-03		FRI	25	31-Jan-03	
Review Conf. Start	11-Mar-03		TUE	4	04-Feb-03	
Review Conf. End	13-Mar-03		THU	2	06-Feb-03	
Backcheck Submittal Rec'd	14-Apr-03		THU	21	27-Feb-03	
Review Cmts Due	28-Apr-03		THU	14	13-Mar-03	
Review Conf. Sart (Conf Call)	01-May-03		MON	4	17-Mar-03	
Review Conf. End	02-May-03		TUE	1	18-Mar-03	
Construction Mobilization	07-Jul-03		TUE	7	25-Mar-03	
Shipment of Materials Arrive at Thule	07-Jul-03		MON	104	07-Jul-03	
Construction Complete	01-May-04		THU	234	26-Feb-04	
Forecast BOD	30-Jun-04		MON	60	26-Apr-04	
Construction Complete Physical	30-Jul-04		WED	30	26-May-04	
Construction Complete (Fiscal)	28-Sep-04		SUN	60	25-Jul-04	

	Original Completion Dates	Days	Cal Days	Current Completion Dates
DESIGN/BUILD DURATION				
TOTAL PROJECT DURATION				
Shipment of Materials Arrive at Thule	08-Jul-03			
Phase II Const Complete	16-Apr-04			
Forecast BOD	15-Jun-04			
Construction Complete Physical	15-Jul-04			
Construction Complete (Fiscal)	13-Sep-04			

PROJECT RISK ANALYSIS

1. Determine Categories of risk and define severity

2. Define probability

3. Define Impact

4. Determine probability based on severity and assign impact, and assign to project risk matrix

Results:

1. Severity Definitions				
	Negligible	Marginal	Critical	Catastrophic
Health and Safety	First aid or minor medical treatment	Minor injury, lost workday accident	Permanent partial disability, temp. total disability > three months	Death or permanent total disabiity
	Negligible	Marginal	Critical	Catastrophic
Scope	Scope change barely noticeable; Negligible impact on Cost or Schedule	Minor areas of scope are affected; Marginal impact on Cost or Schedule	Scope change unacceptable to customer; or Critical impact on Cost or Schedule	Project end item is effectively useless; or Catastrophic impact on Cost or Schedule
	Negligible	Marginal	Critical	Catastrophic
Schedule	Award > Lock-in, within quarter; BOD within Customer Need Date	Award > Lock-in, within FY; BOD < Customer Need Date	Award > End of FY; BOD < Customer Need Date	BOD > Customer Need Date
	Negligible	Marginal	Critical	Catastrophic
Cost	CWE >95%, ≤ 100% of PA	CWE > 100%, < 115% of PA	CWE > 115%, <125% of PA	CWE > 125% of PA
	Negligible	Marginal	Critical	Catastrophic
Quality	Quality degradation barely noticeable; no impact on mission, operability or maintainability	Quality reduction results in minor impact on maintainability and no impact or operability	Quality reduction results in impact on both operability and maintainability	Project end item is effectively unusable

2. Probability Definitions	
Frequent	Occurs often, continuously experienced.
Occasional	Occurs several times.
Likely	Occurs sporadically.
Seldom	Unlikely, but could occur at some time.
Unlikely	Can assume it will not occur.

3. Impact Definitions
E (Extremely High)- Loss of ability to accomplish project.
H (High)- Significantly degrades capabilities to accomplish project.
M (Moderate)- Degrades project accomplishment capabilities.
L (Low)- Little or no impact on project accomplishment.

4. Project Risk Matrix					
	Health and Safety Hazard Probability				
Severity	Frequent	Occasional	Likely	Seldom	Unlikely
Catastrophic					M
Critical					L
Marginal				L	
Negligible			M		
	Scope Risk Probability				
Severity	Frequent	Occasional	Likely	Seldom	Unlikely
Catastrophic					H
Critical				M	
Marginal			M		
Negligible		L			
	Schedule Risk Probability				
Severity	Frequent	Occasional	Likely	Seldom	Unlikely
Catastrophic					E
Critical				H	
Marginal			M		
Negligible		L			
	Cost Risk Probability				
Severity	Frequent	Occasional	Likely	Seldom	Unlikely
Catastrophic					E
Critical				H	
Marginal			M		
Negligible		L			
	Quality Risk Probability				
Severity	Frequent	Occasional	Likely	Seldom	Unlikely
Catastrophic					E
Critical				H	
Marginal			M		
Negligible		L			

Project Delivery Team (PDT)

Corps of Engineers – (district)

Name (Position)	Office Symbol	Phone	Email address
(_____) (Project Manager) **(KEY)**			

Medical Facilities Center of Expertise (CEHNC-MX)

Name (Position)	Office Symbol	Phone	Email address
(_____) Project Director **(KEY)**	CEHNC-MX	703-428-	
Thomas A. Kenney CEHNC-MX Office Director			
Phil Hoge Fire Protection Engineer	CEHNC-MX	703-428-	
John Phillips Communications Engineer	CEHNC-MX	703-428-	
(_____) Mechanical Engineer	CEHNC-MX	703-428-	
(_____) Electrical Engineer	CEHNC-MX	703-428-	

Air Force Center for Environmental Excellence – Design & Construction Medical (AFCEE/DCM)

Name (Position)	Office Symbol	Phone	Email address
(_____) Project Manager **(KEY)**	AFCEE/DCM	210-	

Air Force Health Facilities Office – (_____) Region

Name (Position)	Office Symbol	Phone	Email address
(_____) Project Officer **(KEY)**	HFO-(_____)R		

HQ Air Force Medical Support Agency/Health Facilities Division (HQ AFMSA/SGMF)

Name (Position)	Office Symbol	Phone	Email address
(_____) **(KEY)**	AFMSA/SGMF		

Civil Engineering Squadron (CES)

Name (Position)	Office Symbol	Phone	Email address
(_____) **(KEY)**	(_____) CES		

Architect-Engineer (A-E) Firm

Name (Position)	Office Symbol	Phone	Email address
(_____) Project Manager **(KEY)**	(A-E firm name)		

Corps of Engineers Medical MILCON Execution Policy

U.S. Army Corps of Engineers

Project Management Plan
Project Description/Title on 1391
FY____ DODM PN _____
Installation Name, State/Country

P&D Budget Example Format (Spreadsheet is on Medical Internet Site)

Office Symbol: _____ **Today's Date:** _____

Project Description: _____
Location: _____

Project Number: _____ **FY:** _____ **Funds Type:** _____ **PA:** _____

POE Budget

PROJECT PLANNING & DESIGN (P&D) SUMMARY BUDGET

Funds Required	P&D					TOTAL DIST P&D	CURRENT CWE
Date funds req'd	PM	IH TECH	VE	TOT IH & VE	AE	Reqrmts	

Concept Design

Project Initiation	$0	$0	$0	$0	$0	$0	$0
							CWE Code-A
Concept Dsn S-2	$0	$0	$0	$0	$0	$0	
							CWE Code-B
35% Design S-4	$0	$0	$0	$0	$0	$0	
							CWE Code-C

							HQ Funds Provided
Concept Design Totals	$0	$0	$0	$0	$0	$0	$0
						Total Funds sent as of:	
							Balance Pending
Concept Design - Percentage of P&D related to PA:				#DIV/0!	#DIV/0!	#DIV/0!	$0

Funds Required	P&D					TOTAL DIST P&D	CURRENT CWE
Date funds req'd	PM	IH TECH	BID PACK	TOT IH	AE	Reqrmts	

Final Design

65% Design S-5	$0	$0	$0	$0	$0	$0	$0
Date $$ Needed:							(CWE Code-D)
100% Design S-6	$0	$0	$0	$0	$0	$0	$0
Date $$ Needed:							(CWE Code-D)
BACKCHECK	$0	$0	$0	$0	$0	$0	$0
Date $$ Needed:							(CWE Code-D)
ADVERTISE	$0	$0	$0	$0	$0	$0	$0
Date $$ Needed:							(CWE Code E)
AWARD	$0	$0	$0	$0	$0	$0	$0
Date $$ Needed:							(CWE Code-F)

							HQ Funds Provided
Final Design Totals	$0	$0	$0	$0	$0	$0	$0
						Total Funds sent as of:	
							Balance Concept & Final
Final Design - Percentage of P&D related to PA:				#DIV/0!	#DIV/0!	#DIV/0!	$0
							includes balance fr concept design

Balance required, not including ADV/BO/AWD P&D $0

SUMMARY TOTAL P&D REQUIREMENTS

Grand Total Project P&D Funds Requirements						Total HQ Funds Provided
$0	$0	$0	$0	$0	$0	$0

Total Balance Pending

PROJECT RISK ANALYSIS

Summary

Resource Allocation

(1) The financial control procedures described in this section apply to all funds used for the design and construction of the project. Utilization of and accountability for the funds are the responsibility of the district which will provide funding status reports to HQ AFCEE/DCM and CEMP-MD during the design and construction stages.

(2) Design *Funds*: Design funds required for Corps personnel and RFP A-E and are ***estimated*** as shown below:

a. District Fee (Includes BCO reviews, PM Mgmt, Travel & Attendance at Conferences, Tech Mgr Coord. Source Selection Mtgs. & Write-ups, Contracting, Advertising, Printing, etc.)	$165,000
b. A-E (Investigation, Charrette Travel, Reporting & Design)	$350,000

Resident Office Staffing Plan

Project Design Schedule

AREA ENGINEER/RESIDENT ENGINEER RESPONSIBILITIES

The AE/RE's major duties include the following:

1. Contract administration functions in accordance with delegated authorities as an Authorized Representative of the Contracting Officer and as an Administrative Contracting Officer.

2. Change order initiation and coordination. Estimates and negotiates all authorized modifications and executes modifications within his Administrative Contracting Officer authority.

3. Prepares and processes contractor progress payment requests.

4. Manages contractor submittals (as necessary). Certain medical functional submittals will be required for Government review and will be outlined during the design process. The RE/AE will ensure that distribution is made to the customer/using agencies for comment and approval/disapproval action and that the comments/approvals/disapprovals are returned to the contractor for action.

5. Enforces the safety provisions of the contract.

6. Develops and maintains a deficiency feedback system to provide recommendations to CEMP-MD and CEHNC-MX to prevent similar problems on future medical projects.

7. Monitors construction progress. Insures that the contractor provides a preliminary network analysis (schedule) on a timely basis and that the contractor correctly updates the network analysis schedule each month to reflect actual job progress. If the contractor's actual progress falls behind scheduled progress the RE/AE takes appropriate action under the terms of the contract and reports, at coordination meetings, any anticipated delays in milestone or project completion.

8. The RE/AE administers all contract disputes to the extent of his authority. He investigates and negotiates to resolve disputes. He forwards requests for Contracting Officer Decisions, with recommendations to Construction Division for action in accordance with established New York District procedures.

9. The RE/AE manages all aspects of the transfer of the facility to the Air Force at the completion of the project. In this regard, the RE/AE schedules and conducts joint acceptance inspections, monitors correction of deficiencies, schedules and monitors O&M training, insures that O&M data meet specification requirements, insures that as-built drawings are complete and accurate, and provides information/support for New York District to prepare and distribute property transfer documentation.

10. Keeps track of all MILCON cost.

11. Performs Quality Assurance (QA) activities. Approves the contractor's Quality Control (QC) plan for the project. Directs and supervises QA inspection of the construction to insure that the contractor's quality control system is producing the required quality. Applies appropriate enforcement measures when necessary to obtain quality construction.

12. During the construction oversight meetings, provides information on progress and other significant issues. The Construction Status Report shall be presented using presentation tools/forms contained in the Resident Management System (RMS).

TMA-DMFO Quarterly Execution Report

Construction Status Report

Air Force Roles & Responsibilities

1.1. Air Force Health Facilities Office – (_____) Region (HFO-___R) is the Air Force Surgeon General's point of contact for medical functional issues with authority as delegated by HQ AFMSA/SGMF and is responsible for providing a central point of contact for medical functional issues. The HFO-ER may be represented on site by a Project Health Facility Office (PHFO). If so, the PHFO will be responsible for program surveillance, processing medical functional user initiated change requests to HQ AFCEE/DCM, coordinating Government Furnished Equipment procurement, coordinating any proposed changes involving functional use and scope of facilities, reviewing contractor submittals with medical functional implications, coordinating all requests for information that affect medical functional operations, monitoring costs for non-mandatory changes, and expediting the transfer and acceptance of the facility, including coordinating necessary training. All input from local medical staff pertaining to project scope, design requirements, or review comments, will be submitted through channels to AFMSA/SGMF for evaluation and submittal to HQ AFCEE/DCM for appropriate action.

1.2. HQ Air Force Center for Environmental Excellence, Design and Construction Directorate, MILCON division, (HQ AFCEE/DCM). AFCEE/DCM is the official point of contact and authority for the Air Force in the dealing with the Corps of Engineers on Medical MILCON projects. HQ AFCEE/DCM provides overall project management on behalf of the Air Force and is responsible for coordinating the concerns and responsibilities of all Air Force agencies involved in the project. All Air Force issues should be directed through their proper medical or civil engineering chains to HQ AFCEE/DCM for transmittal to the district. AFCEE/DCM will perform oversight of the project during construction. HQ AFCEE/DCM will track the contract funding status, including the current working estimate and status of modifications.

1.3. (____) Space Wing/(____) Civil Engineering Squadron (CES) is responsible for coordination of base requirements and coordinating with (_____) Squadron for support of utility connections and outages, resolving siting questions, furnishing information on base security and safety requirements, project communications, coordinating the construction contractor's work and storage areas, resolving base impact construction problems, and participating in the transfer and acceptance of the new facility. The 21st CES will accept the new facility as a real property asset. All input from local 2nd SWS and GC staff will be submitted through channels to HQ AFCEE/DCM for evaluation and appropriate action.

1.4. HQ(_____) Command (_____) is the Host Command responsible for (_____) AB. MAJCOM level of coordination for this project will be between the HQ (____)/SG office and HQ (____)/CE office and will be relayed to HQ AFCEE/DCM.

1.5. (Medical Group): will be the operator of the completed facility. This local Medical Group will coordinate with the HFO-ER on functional requirements, transition plans, and operation and maintenance of the completed facility. Requests for information or changes from the local Medical Group will be processed through the HFO-ER. The local Medical Group is responsible for obtaining government procured equipment (if required), coordinating communication system requirements, and coordinating attendance at construction contractor training classes.

CONSTRUCTION CONFLICT REPORT				
121 General Hospital Renewal Project, Yongsan, Korea				
SERIAL NUMBER:			DATE:	
CONFLICT TITLE:				
SUBJECT AREA:				
DRAWING/SPEC REFERENCE:				
DESCRIPTION OF CONFLICT:				
CONSEQUENCES IF NOT CORRECTED:				
RECOMMENDED CORRECTION:				
ORIGINATOR:				
Coordination:	Date Received	Date forwarded or completed	Disposition:	
HFPO				Approved, Clinic notified on:
Transition Officer				Disapproved, CO initiated on:
COE			Remarks:	
HFPA				
POSTED				

CONSTRUCTION REQUEST FOR CLARIFICATION (RFC)				
121 General Hospital Renewal Project, Yongsan, Korea				
RFC#:	DATE:	PRIORITY: (Circle one)	URGENT	ROUTINE
TO:		DATE:		
RFC TITLE:				
AREA/ROOMS:				
SYSTEMS(S):				
DRAWING/SPECIFICATION REFERENCE:				
REFERENCE CRITERIA:				
DISCUSSION:				
POC:				
ORIGINATOR: NAME:				
TITLE:				
ORGANIZATION:				
PHONE NUMBER:				

STAFFING		ACTION REQUIRED	DATE ACTION COMPLETED
	HFPO	CONCUR/NONCONCUR	
	USAHFPA PM	CONCUR/NONCONCUR	
	Far East District	CLARIFICATION	

CONSTRUCTION CHANGE ORDER PROPOSAL									
121 General Hospital Renewal Project, Yongsan, Korea									
CO#:		DATE:		PRIORITY (Check one)		URGENT		ROUTINE	
COST ESTIMATE:						APPROVAL NEED DATE:			
CATEGORY: (Check all that apply)									
	Absolutely essential for patient care				Safety				
	Substantial improvement in health care				Cost Reduction				
	Design Improvement				Other (specify)				
CO TITLE:									
CO DESCRIPTION:									
JUSTIFICATION:									
DRAWING/SPECIFICATION REFERENCE:									
RELATED CO/CONTRACT MODIFICATION/POC CONFLICT REPORT:									
MEDCASE IMPACT:									
ORIGINATOR:					TITLE:				
STAFFING		REQUIRED ACTION		DATE ACTION COMPLETED		AUTHORIZED BY			
	HFPO	CONCUR/NONCONCUR				NAME:			
	COE	COST ESTIMATE				TITLE:			
	HFPA	INFO/APPROVAL				ORGANIZATION:			
						DATE:			